



# REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

State Form 4606 (R13/11-05)  
Indiana Election Commission (IC 3-9-5-14)

(CFA-4)  
Summary Sheet

FILE NUMBER

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this form, see instructions on the reverse side.

IS THIS AN AMENDMENT? ☐ Yes ☐ No

TOTAL PAGES IN ENTIRE CFA-4 REPORT

2

## COMMITTEE INFORMATION

1. Full Name of Committee (as on Statement of Organization) ☐ Check if this is a new name  
**Indianapolis Marion County City-County Council Democratic Committee**

2. Acronym or Abbreviated Name (if any)  
**Council Democrats Committee**

3. Committee Telephone Number  
( )

4. Mailing Address (address where all campaign finance correspondence is received) ☐ Check if this is a new address  
**5922 N. New Jersey St.**

5. City, State, ZIP Code  
**Indpls, IN 46220**

6. Party Affiliation (if applicable)  
**Democratic**

## CANDIDATE INFORMATION (For Candidate's Committees Only)

7. Full Name of Candidate (include any nickname)

8. Party Affiliation or If Independent Candidate

9. Office Sought (Include district number, if any. Not required for exploratory committee.)

10. County of Residence

## TYPE OF REPORT

11. Check one:  
☐ Pre-Primary ☐ Pre-Election ☒ Annual ☐ Nomination ☐ Other  
☐ Final/Disbands Committee (lines 18, 19, and 20 must be "0") ☐ Outgoing Treasurer (within 10 days amend Statement of Organization)

## CONVENTION CANDIDATES ONLY

Check one:  
☐ Pre-Convention  
☐ Post-Convention

12. Reporting Period:  
From: **Jan. 1, 2016** Through: **Dec. 31, 2016**

13. Cash on hand and investments at the beginning of this reporting period.

COLUMN A  
This Period

1038.70

COLUMN B  
Year to Date

14. Cash on hand and investments January 1, current year.

## CONTRIBUTIONS AND RECEIPTS

(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)

15a. Itemized (use Schedule A)

0

15b. Unitemized

0

15c. Add lines 15a and 15b in both columns

SUBTOTAL

0

16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B

TOTAL

0

## EXPENDITURES

(Note: These amounts include in-kind expenditures and loan repayments.)

17a. Itemized (use Schedule B) (Public Question: use Schedule C)

844.00

17b. Unitemized

0

17c. Add lines 17a and 17b in both columns

SUBTOTAL

194.70

18. Cash on hand and investments at close of this reporting period (subtract 17c from 16 in both columns)

TOTAL

194.70

19. Debts OWED BY the committee (use Schedule D)

0

20. Debts OWED TO the committee (use Schedule E)

0

## CERTIFICATION

I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT. TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TRUE, CORRECT AND COMPLETE.

Signature of Treasurer

*[Signature]*

Title

Treasurer

Date

1/18/17

Signature of Candidate (if applicable)

Date

FOR OFFICE USE ONLY

FILED

JAN 18 2017

**WARNING:** Any information contained on this form may be copied for sale or used for any commercial purpose. (IC 3-9-4-5) A person who knowingly files a fraudulent report commits a Class D felony. (IC 3-14-1-13) A person who fails to file a complete or accurate report as required by the Indiana Campaign Finance Law commits a Class B misdemeanor, (IC 3-14-1-14) and may be subject to civil penalties. (IC 3-9-4-16, IC 3-9-4-17, IC 3-9-4-18)

*Myra A. Eldridge*



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## (CFA-4 SCHEDULE B) ITEMIZED EXPENDITURES

**INSTRUCTIONS:** Please type or print legibly **IN BLACK INK** all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document expenditures totaled on ITEM 17a of the Summary Sheet. All cumulative expenses paid to individuals, businesses, labor organizations and other entities **OVER \$100** per recipient, within a calendar year **MUST** be itemized on this schedule (over \$200, if regular party committee). All cumulative expenses, including in-kind, regardless of amount paid to political committees, (such as transfers-out from candidate, legislative caucus, political action, or regular party committees) **MUST** be itemized on this schedule.

FILE NUMBER

Page \_\_\_\_\_ of \_\_\_\_\_

RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	RECIPIENT'S OCCUPATION OFFICE SOUGHT (if applicable)	TYPE OF EXPENDITURE and PURPOSE (be specific)	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE
Code <u>0</u> Marion County Election Board	Agency	<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: <u>Fee</u>	700	700	2/2/16
Code <u>0</u> NBOFI	Bank	<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: <u>Bank Fee</u>	144		\$12.00 monthly
Code _____		<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose:			
Code _____		<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose:			
Code _____		<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose:			
Code _____		<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose:			
Code _____		<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose:			
Code _____		<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose:			
SUBTOTAL THIS PAGE OF SCHEDULE B			\$ <u>744</u>		
TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY (Enter total on ITEM 17a of the Summary Sheet)			\$ <u>844</u>		